

# Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist

*Essentials* initially adopted 1935;

revised 1943, 1949, 1965, 1973, 1983 and 1991

Adopted by

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.  
and the  
AMERICAN MEDICAL ASSOCIATION

The Committee on Allied Health Education and Accreditation (CAHEA) accredits programs upon the recommendation of the Accreditation Committee of the American Occupational Therapy Association (AOTA).

*These Essentials are the minimum standards of quality used in accrediting programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these standards determines its accreditation status; the Essentials therefore constitute the minimum requirements to which an accredited program is held accountable. Essentials are printed in regular typeface in outline form.*

*The Guidelines accompanying the Essentials provide examples intended to assist in interpreting the Essentials. Guidelines are printed in italic typeface in narrative form.*

Sections I and III of these *Essentials* are common to all educational programs accredited by CAHEA. Section II contains a description of the profession and the specific requirements for preparing occupational therapists.

## PREAMBLE

### OBJECTIVE

The American Occupational Therapy Association, Inc. and the American Medical Association cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in occupational therapy and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these *Essentials*. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of baccalaureate and post-baccalaureate occupational therapy entry-level professional programs. On-site review teams assist in the evaluation of a program's relative compliance with the *Essentials*.

## **SECTION I: GENERAL REQUIREMENTS FOR ACCREDITATION**

### **A. SPONSORSHIP**

1. The sponsoring institution and affiliates, if any, must be accredited by recognized agencies or meet equivalent standards.
2. Sponsoring institutions must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education.
3. In programs in which academic and clinical didactic and supervised practice are provided by two or more institutions, responsibilities of the sponsoring institutions and of each fieldwork center must be clearly documented as a formal affiliation agreement or memorandum of understanding. The time schedule for periodic review shall be documented.
4. Accredited educational programs may be established in:
  - a. Senior colleges and universities.
  - b. Medical schools.
5. The sponsoring institution assumes primary responsibility for student admission, curriculum planning, selection of course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, receiving and processing applications for admission, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution shall also be responsible for providing assurance that the practice activities assigned to students in a clinical setting are appropriate to the program.

### **B. RESOURCES**

1. Personnel
  - a. Administrative Personnel

The program must have a program director and faculty who possess the necessary qualifications to perform the functions identified in documented descriptions of roles and responsibilities.

- (1) Program Director
  - (a) Responsibilities

The director of the educational program shall be responsible for the management and administration of the program including planning, evaluating, budgeting, selecting faculty and staff, and maintaining accreditation.

(b) Qualifications

The director of the educational program shall be an occupational therapist who has relevant experience in occupational therapy administration, teaching, and practice. The director shall hold a minimum of a master's degree, or have equivalent educational qualifications.

b. Faculty and/or Instructional Staff

(1) Responsibilities

Faculty responsibilities shall be consistent with the mission of the institution.

(2) Qualifications

(a) The faculty shall include certified occupational therapists.

(b) Faculty members shall have documented expertise in the area(s) of teaching responsibility and shall demonstrate effectiveness in teaching their assigned subjects.

(c) The academic faculty must collectively have academic and experiential qualifications and background appropriate to meet program objectives.

(3) Faculty/student Ratio

The faculty/student ratio shall:

(a) Permit the achievement of the purpose and stated objectives of the program.

(b) Be compatible with accepted practices of the institution.

(c) Ensure student and/or consumer safety and quality education in laboratory and clinical experiences, by adjustment of faculty/student ratios when required.

c. Clerical and Support Staff

Clerical and program support staff shall be provided to meet program and administrative requirements.

d. Professional Development

(1) The program shall have a documented plan for continued professional growth to ensure that program faculty can fulfill their assigned responsibilities.

- (2) Each faculty member shall have a written plan for continuing professional development.

## 2. Financial Resources

A budget of regular institutional funds allocated to the program shall be sufficient to develop and maintain the stated objectives of the program and to fulfill its obligations to matriculating and enrolled students.

## 3. Physical Resources

### a. Facilities

- (1) Classrooms and laboratories shall be provided consistent with the program's educational objectives, teaching methods, number of students, and safety standards of the institution, and shall allow for efficient operation of the program.
- (2) Laboratory space shall be assigned to the occupational therapy program on a priority basis.
- (3) Space shall be provided to store and secure equipment and supplies.
- (4) The program director and faculty shall have office space.
- (5) Space shall be provided for the private advising of students.

### b. Equipment and Supplies

- (1) Appropriate and sufficient equipment and supplies shall be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum.
- (2) Students shall be given access to the evaluative and treatment technologies that reflect current practice.

### c. Learning Resources

#### (1) Library

Students shall have ready access in time and location to an adequate supply of current books, journals, periodicals, computers, and other reference materials related to the curriculum.

- (2) Instructional aids and resources shall be available in sufficient number and quality to be consistent with the program objectives and teaching methods.

## **C. STUDENTS**

### **1. Admission Policies and Procedures**

- a. Admission of students shall be made in accordance with clearly defined and published practices of the institution.
- b. Policies regarding standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and requirements for previous education or work experience shall be provided and readily accessible to prospective students and the public.

### **2. Evaluation of Students**

- a. Criteria for successful completion of each segment of the educational program and for graduation shall be given in advance to each student.
- b. Evaluation content and methods shall be consistent with the objectives and competencies described for the educational program in both didactic and supervised clinical education components. Evaluation shall be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing.

### **3. Health**

Students must be informed of and have access to the health services provided to other students in the institution.

### **4. Guidance**

- a. Advising related to professional coursework and fieldwork education shall be the responsibility of the occupational therapy faculty.
- b. Advising during and pertaining to fieldwork experience shall be a collaborative process between the faculty and fieldwork educators.
- c. Referral by program faculty to other institutional or community resources shall be provided for students with problems that may interfere with the students' progress through the program.

## **D. OPERATIONAL POLICIES**

### **1. Fair Practices**

- a. Program description, publications, announcements, and advertising must accurately reflect the program offered.
- b. Student and faculty recruitment and student admission and faculty employment practices shall be nondiscriminatory with respect to race, color, creed, sex, age, disabling conditions, and national origin.

- c. Graduation requirements, tuition and fees shall be accurately stated, published, and made known to all applicants.
- d. The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances.
- e. Policies and processes for student withdrawal and for refunds of tuition and fees shall be published and made known to all applicants.
- f. Policies and procedures regarding student probation, suspension, and dismissal shall be published and made known.
- g. Provision shall be made for the health and safety of patients, students, and faculty associated with educational activities.
- h. A program admitting students on the basis of ability to benefit must publicize its objectives, assessment measures, and means of evaluating ability to benefit.
- i. Documentation of all graduation and credentialing requirements, to include certification/licensure, shall be published and made known to applicants.

## 2. Student Records

Satisfactory records shall be maintained regarding student admission, enrollment, and achievement. Grades and credits for courses shall be recorded on students' transcripts and permanently maintained by the sponsoring institution.

## E. PROGRAM EVALUATION

The program must have a continuing system for reviewing the effectiveness of the educational program especially as measured by student achievement and must prepare timely self-study reports to aid the staff, the sponsoring institution and the accrediting agencies in assessing program qualities and needs.

### 1. Outcomes

Programs shall routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the educational program.

*The manner in which programs seek to comply with this criterion may vary. However, there should be timely efforts made to document the data and analysis provided. These sources of data may include, but should not be limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, and adequacy of the educational program in addressing education and skills; interviews with program graduates and employers of graduates; and data on the evaluation of student performance on the national certification examination and other nationally recognized standardized tests.*

## 2. Results of Ongoing Program Evaluation

The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically use the information obtained in its evaluation to foster student achievement with respect to the certificate or degree offered.

*Program evaluation should be a continuing systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates, with follow-up studies of their employment and national examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and process, the curriculum design, and the purpose and productivity of the advisory committee.*

## **SECTION II: SPECIFIC REQUIREMENTS FOR ACCREDITATION**

### **DESCRIPTION OF THE PROFESSION**

Occupational therapy is the art and science of directing an individual's participation in selected tasks to restore, reinforce, and enhance performance; facilitate learning of those skills and functions essential for adaptation and productivity; diminish or correct pathology; and promote and maintain health. Reference to occupation in the title is in the context of individuals' goal-directed use of time, energy, interest, and attention. Its fundamental concern is the development and maintenance of the capacity throughout the life span to perform with satisfaction to self and others those tasks and roles essential to productive living and to the mastery of self and the environment.

Since the primary focus of occupational therapy is the development of adaptive skills and performance capacity, its concern is with factors that promote, influence or enhance performance as well as those that serve as barriers or impediments to the individual's ability to function.

Occupational therapy provides service to those individuals whose abilities to cope with tasks of living are threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological and social disability.

Occupational therapy serves a diverse population in a variety of settings such as hospitals and clinics, rehabilitation facilities, long-term care facilities, extended care facilities, sheltered workshops, schools and camps, private homes, and community agencies. Occupational therapists both receive from and make referrals to appropriate health, educational, or medical specialists. Delivery of occupational therapy services involves several levels of personnel including the certified occupational therapist, the certified occupational therapy assistant, and aides.

Entry-level occupational therapy professional educational programs prepare the occupational therapist to:

1. Evaluate and assess performance areas and their components.

2. Provide occupational therapy services to maintain or improve function and to prevent deficits in activities of daily living, work, play/leisure, and in the underlying performance components, e.g., sensorimotor, cognitive, and psychosocial, including cultural performance components.
3. Manage occupational therapy service.
4. Incorporate values and attitudes congruent with the profession's standards and ethics.
5. Demonstrate an attitude of inquiry and nurture the capacity for creative analysis and problem-solving.

Entry-level professional education lays a foundation for other roles of the experienced therapist, e.g., administrator, consultant, educator, researcher, and health planner. The American Occupational Therapy Association maintains an entry-level role delineation.

## **A. CURRICULUM**

### **1. Description of the Program**

#### **a. Mission**

The statement of the mission of the occupational therapy program shall be consistent with that of the sponsoring institution.

#### **b. Philosophy**

The statement of philosophy of the program shall reflect:

- (1) The current published philosophy of the profession.
- (2) A view of humanity.
- (3) An approach to learning/instruction.

#### **c. Curriculum Design**

The curriculum design shall provide the basis for program planning, implementation, and evaluation; documentation of the design must:

- (1) Reflect the mission of the occupational therapy program and of the institution.
- (2) Identify educational goals of the program that are consistent with its mission and philosophy statements.
- (3) Describe the set of organizing ideas that explains the selection of the content, scope, and sequencing of coursework.



2. Instruction must follow a plan which documents:
  - a. Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations and supervised practice.
  - b. Clearly written course syllabi which describe learning objectives and competencies to be achieved for both didactic and supervised clinical education components.
  - c. Frequent, documented evaluation of students to assess their acquisition of knowledge, problem identification and problem-solving skills, psychomotor, behavioral, and clinical competencies.

## **B. CONTENT REQUIREMENTS**

Program content shall be based on a broad foundation of liberal arts, sciences, and professional education and shall include:

1. Liberal arts content that will be prerequisite to, or concurrent with, professional education and shall facilitate the development of:
  - a. Oral and written communication skills.
  - b. Logical thinking, critical analysis, problem-solving, and creativity.
  - c. Knowledge and appreciation of multicultural factors.
  - d. Ability to make judgments in the context of historical, social, economic, scientific, and political information.
2. Biological, behavioral, and health sciences content that will be prerequisite to, or concurrent with, professional education and that encompasses normal and abnormal conditions across the life span (infants, children, adolescents, adults, and older adults):
  - a. Structure and function of the human body including anatomy, kinesiology, physiology, and neurosciences.
  - b. Human development throughout the life span including the interaction of environmental factors with sensorimotor, cognitive, psychosocial, and physiological components.
  - c. Human behavior in the context of sociocultural systems to include beliefs, ethics, and values.
  - d. The etiology, clinical course, management, and prognosis of congenital, developmental, acute, and chronic disease processes and traumatic injuries; and the effect of such conditions on human functioning throughout the life span.

- e. Effects of health and disability on individual, family, and society including the promotion of health and prevention of disease.

### 3. Occupational Therapy Theory and Practice

- a. Foundations, history, and philosophical base of the profession and its personnel.
- b. Theoretical base and models of practice including, but not limited to:
  - (1) Theories underlying the use of purposeful activity (occupation).
  - (2) Analysis of the theories of human adaptation and life satisfaction across the life span, including a multicultural perspective.
  - (3) Meaning and dynamics of purposeful activity, including activities of daily living, work, and play/leisure, to enhance role function.
  - (4) Importance of a balance of the areas of occupation (activities of daily living, work, play/leisure) to the achievement of physical and mental health.
  - (5) Age appropriate roles, life tasks, developmental issues, and activities across the life span.
- c. Fundamentals of Activity
  - (1) Analysis of activities of daily living, work, and play/leisure.
  - (2) Performance and teaching of selected life tasks and activities.
  - (3) Grading and adapting purposeful activity (occupation) for therapeutic intervention.
- d. Occupational Therapy Process

The occupational therapy process shall be based on frames of reference or theoretical perspectives and shall include:

- (1) Screening and Assessment
  - (a) Assessment of the need for occupational therapy intervention based on skilled observation, histories, and interviews of patient, family, and other professionals.
  - (b) Selection, administration, and interpretation of representative standardized and nonstandardized tests and evaluations.
  - (c) Interpretation of assessment in relation to performance areas and performance components, activities, and age-appropriate theoretical frameworks.

- (d) Appropriate use of the certified occupational therapy assistant (COTA) in the screening and assessment process.
- (2) Formulation of Intervention Plans
    - (a) Identification of appropriate models of practice, treatment approaches, and underlying principles of treatment to use for problems identified.
    - (b) Specification for purposeful activities that incorporate treatment goals and principles and that are specific to the patient.
    - (c) Collaboration with patients, caregivers, COTAs, and other professionals.
  - (3) Implementation
    - (a) Provision of therapeutic intervention related to occupational performance areas and their components.
    - (b) Use of self, dyadic, and group interaction.
    - (c) Collaboration with the COTA on treatment implementation.
    - (d) Fostering of prevention, health maintenance, and safety programs that are age-appropriate for daily living activities, work, and play/leisure.
    - (e) Demonstration of effective written, oral, and nonverbal communication with patients and their families, colleagues, other health providers, and the public.
    - (f) Application of therapeutic adaptation for accomplishment of purposeful activities (occupation): family/caretaker training, environmental adjustments, orthotics, prosthetics, assistive devices, equipment, and other technologies.
  - (4) Reassessment for effect of occupational therapy intervention and need for continued and/or changed treatment.
  - (5) Termination of occupational therapy services including determination of discharge, summary of occupational therapy outcome, and appropriate recommendations and referrals to maximize treatment gains.
- e. Documentation of occupational therapy services that addresses principles of record keeping to ensure accountability in occupational therapy service provision and adequate documentation for the reimbursement of services.

4. Management of occupational therapy services. Application of principles of management in the provision of occupational therapy services to individuals and organizations, including:
  - a. Planning.
  - b. Organizing.
  - c. Staffing.
  - d. Coordinating or directing.
  - e. Controlling.
  - f. Understanding of environmental and policy issues which impact provision of occupational therapy services.
  - g. Use of technology in service delivery and analysis of data when indicated.
  - h. Use of a variety of service models including, but not limited to, medical, community, and school system.
  - i. Knowledge of social, economic, political, and demographic factors that influence the delivery of health care in the U.S.
  - j. Knowledge of applicable national and state requirements for credentialing.
5. Research
  - a. Necessity for and value of research for clinical practice and professional development.
  - b. Essential components of a research protocol.
  - c. Interpretation of studies related to occupational therapy.
  - d. Application of research results to occupational therapy services.
6. Professional Ethics
  - a. AOTA standards and ethics policies and their effect on the therapist's conduct and patient treatment.
  - b. Functions of national, state, and local occupational therapy associations, and other professional associations and human service organizations.
  - c. Recognition of the necessity to participate in the promotion of occupational therapy through educating other professionals, consumers, third party payers, and the public.
  - d. Individual responsibility for planning for future professional development in order to maintain a level of practice consistent with accepted standards.

## 7. Fieldwork Education

- a. Fieldwork experience is crucial to the preparation of an occupational therapist. The experience should provide the students with the opportunity for carrying out professional responsibilities under appropriate supervision and professional role modeling.
  - (1) Objectives for each phase of fieldwork shall be:
    - (a) Collaboratively developed by the academic and fieldwork program representatives to prepare students for practice.
    - (b) Documented.
    - (c) Known to the student.
  - (2) The ratio of fieldwork educators to students shall be such as to ensure proper supervision and frequent assessment in achieving fieldwork objectives.
  - (3) Fieldwork shall be conducted in settings equipped to provide clinical application of principles learned in the academic program and appropriate to the learning needs of the student.
  - (4) Evidence will be provided that communication has occurred between academic and fieldwork educators in planning for this dimension of the program.
- b. Level I Fieldwork shall be required and includes those experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. These experiences are not intended to emphasize independent performance.
  - (1) Level I Fieldwork shall be supervised by qualified personnel including, but not limited to, certified occupational therapists, certified occupational therapy assistants, teachers, social workers, nurses, physical therapists, etc.
  - (2) Level I Fieldwork shall not substitute for any part of Level II Fieldwork.
- c. Level II Fieldwork shall be required and designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable the application of ethics related to the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to develop and expand a repertoire of occupational therapy assessments and treatment interventions related to human performance.

- (1) A minimum of six months of Level II Fieldwork shall be required.

*The purpose of Level II Fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients. At least three months of the sustained fieldwork experience is desirable on a full-time basis. A minimum of 940 hours is acceptable to meet this six month requirement. Flexibility is permitted through stipulation of the minimum number of hours. Time should be appropriate to the setting selected, student needs, and continuity of client services, e.g., consecutive half days.*

- (2) Fieldwork experience shall be provided with various groups across the life span, persons with various psychosocial and physical performance deficits, and various service delivery models reflective of current practice in the profession.
- (3) Learning objectives will support development of entry-level competency.
- (4) Supervision shall be provided by a certified occupational therapist with a minimum of one year experience in a practice setting.
- (5) International fieldwork experience may be provided when:
  - (a) Approved by the academic program.
  - (b) Direct supervision is provided by an AOTCB certified occupational therapist.
  - (c) There is no language barrier between student, supervisor, and client population.
  - (d) Student's safety and rights are reasonably assured.
- (6) To ensure continuity of application of academic concepts, all fieldwork shall be completed within 24 months following completion of academic preparation.

### **C. PROGRAM LENGTH**

The length of the educational program shall be adequate to meet:

1. The requirements for entry-level credentialing.
2. The academic requirements of the sponsoring institution.

## **SECTION III: MAINTAINING AND ADMINISTERING ACCREDITATION**

### **A. PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES**

#### **1. Applying for Accreditation**

- a. The accreditation review process conducted by the Accreditation Committee, American Occupational Therapy Association and the Committee on Allied Health Education and Accreditation (CAHEA), can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution and the occupational therapy program director.
- b. This process is initiated by submitting a letter of intent to seek accreditation to the:

Accreditation Division  
The American Occupational Therapy Association, Inc.  
1383 Piccard Drive  
P.O. Box 1725  
Rockville, Maryland 20849-1725

with a copy to the:

Division of Allied Health Education and Accreditation  
American Medical Association  
515 North State Street  
Chicago, Illinois 60610

- c. At any time before the final accreditation action is made by CAHEA, a program or sponsoring institution may withdraw its request for initial or continuing accreditation.
- #### **2. Administrative Requirements for Maintaining Accreditation**

To maintain accreditation, the following actions are required:

- a. The program must submit a self-study report and other required reports within a period of time determined by the Accreditation Committee and provided to the program.
- b. The program must agree to a reasonable site visit date before the end of the period for which accreditation was previously awarded.
- c. The program must inform the Accreditation Committee within a reasonable period of time of a change in program director.
- d. The sponsoring institution must inform CAHEA and the Accreditation Committee of the transfer of program sponsorship, in accord with CAHEA policy.

- e. The program and the sponsoring institution must pay accreditation fees within a reasonable period of time, as determined by the Accreditation Committee.
- f. The program must complete and return by the established deadline the Annual Report provided by CAHEA, to ensure an accurate listing of the program and its sponsoring institution in the annual publication of the *Allied Health Education Directory*.

*Failure to meet these administrative requirements for maintaining accreditation may lead to being placed on Administrative Probation and ultimately to having accreditation withdrawn.*

## **B. CAHEA AND ACCREDITATION COMMITTEE RESPONSIBILITIES**

### **1. Administering the Accreditation Review Process**

- a. At the written request of the chief executive officer or other officially designated representative, CAHEA and the Accreditation Committee assess an applicant program's relative compliance with the *Essentials*.

The accreditation review process includes an on-site evaluation of the program. If the performance of a site visit team is unacceptable, the institution may request a second site visit.

Before the Accreditation Committee formulates its accreditation recommendation to CAHEA, the sponsoring institution is given an opportunity to comment in writing on the report of the site visit team and to correct factual errors.

- b. Before recommending Probationary Accreditation to CAHEA, the Accreditation Committee provides the sponsoring institution with an opportunity to respond in writing to the cited deficiencies in the program's relative compliance with the *Essentials*. The Accreditation Committee reconsideration of a recommendation for Probationary Accreditation is made on the basis of conditions existing when the Accreditation Committee arrived at its recommendation to CAHEA and on subsequent documented evidence of corrected deficiencies provided by the applicant.

An accredited program not on probation may be moved to probationary status upon verification of a written complaint deemed sufficient to warrant this action, or to administrative probation should administrative requirements not be fulfilled.

- c. CAHEA assignments of Probationary Accreditation, including those following Accreditation Committee reconsideration, are final and are not eligible for further appeal.



## 2. Withholding or Withdrawing Accreditation

- a. Before recommending Accreditation Withheld or Accreditation Withdrawn to CAHEA, the Accreditation Committee provides the sponsoring institution opportunity to request reconsideration. Decisions to withhold or withdraw accreditation may be appealed. A copy of the CAHEA appeals procedures for Accreditation Withheld or Withdrawn accompanies the letter notifying the sponsoring institution of one of these actions. When accreditation is withdrawn, the institutional sponsor's chief executive officer is provided with a clear statement of each deficiency in the program's relative compliance with the *Essentials* and is informed that application for accreditation as a new applicant may be made whenever the program considers itself to be in compliance with the *Essentials*.
- b. All students successfully completing a program that holds accreditation at any point during their enrollment are regarded as graduates of a CAHEA-accredited program.

## 3. Inactive Programs

- a. The sponsoring institution may request inactive status for a program that does not enroll students for up to two years. Such a program and sponsoring institution must continue to pay required annual fees.
- b. Should a program be inactive for two years, and determine not to reactivate, it will be considered discontinued and accreditation will be withdrawn.